

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>	Attorney Docket No. 04305/100E144-US2	
	First Inventor Hans-Henrik Ipsen	
	Title RECOMBINANT ALLERGENS	U.S. PTO 10/19553
Express Mail Label No. EV 349693725 US		

APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>	ADDRESS TO: MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450
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<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing)</small></p> <p>2. <input type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27.</small></p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 64] <small>(preferred arrangement set forth below)</small><ul style="list-style-type: none">- Descriptive title of the invention- Cross Reference to Related Applications- Statement Regarding Fed sponsored R & D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the invention- Brief Summary of the invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 16]</p> <p>5. Oath or Declaration [Total Sheets 6]<ul style="list-style-type: none">a. <input type="checkbox"/> Newly executed (original or copy)b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small><ul style="list-style-type: none">i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small></p> <p>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>	<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)<ul style="list-style-type: none">a. <input checked="" type="checkbox"/> Computer Readable Form (CRF)b. Specification Sequence Listing on:<ul style="list-style-type: none">i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); orii. <input checked="" type="checkbox"/> Paperc. <input checked="" type="checkbox"/> Statements verifying identity of above copies</p> <p style="text-align:center;">ACCOMPANYING APPLICATION PARTS</p> <p>9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small></p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small></p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small></p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input type="checkbox"/> Other: </p>
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18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☒ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: 09/270,910

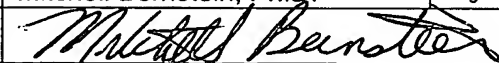
Prior application information: Examiner Huynh Art Unit: 1644

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number: <u>07278</u>	OR <input type="checkbox"/> Correspondence address below
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Name DARBY & DARBY P.C. S. Peter Ludwig		
Address P.O. Box 5257		
City New York	State NY	Zip Code 10150-5257
Country US	Telephone (212) 527-7700	Fax (212) 753-6237

Name (Print/Type) Mitchell Bernstein, Ph.D.	Registration No. (Attorney/Agent) 46,550
Signature 	Date November 20, 2003

<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2004</h2> <p style="font-size: small; margin: 0;">Effective 10/01/2003, Patent fees are subject to annual revision.</p>				<p>Complete if Known</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>Application Number</td><td>Not Yet Assigned</td></tr> <tr><td>Filing Date</td><td>Concurrently Herewith</td></tr> <tr><td>First Named Inventor</td><td>Hans-Henrik Ipsen</td></tr> <tr><td>Examiner Name</td><td>Not Yet Assigned</td></tr> <tr><td>Art Unit</td><td>N/A</td></tr> <tr><td>Attorney Docket No.</td><td>04305/100E144-US2</td></tr> </table>		Application Number	Not Yet Assigned	Filing Date	Concurrently Herewith	First Named Inventor	Hans-Henrik Ipsen	Examiner Name	Not Yet Assigned	Art Unit	N/A	Attorney Docket No.	04305/100E144-US2																																																																																																																																																																																		
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<p>METHOD OF PAYMENT (check all that apply)</p> <p> <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None </p> <p> <input type="checkbox"/> Deposit Account: Deposit Account Number: 04-0100 Deposit Account Name: Darby & Darby P.C. </p> <p>The Director is authorized to: (check all that apply)</p> <p> <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments </p> <p> <input type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) </p> <p> <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. </p>				<p>FEE CALCULATION (continued)</p> <p>3. 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1204	86	2204	43	** Reissue independent claims over original patent																																																																																																																																																																																															
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent																																																																																																																																																																																															
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<p>SUBMITTED BY (Complete (if applicable))</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Name (Print/Type)</td> <td>Mitchell Bernstein, Ph.D.</td> <td>Registration No. (Attorney/Agent)</td> <td>46,550</td> <td>Telephone</td> <td>(212) 527-7708</td> </tr> <tr> <td>Signature</td> <td colspan="2"></td> <td>Date</td> <td colspan="2">November 20, 2003</td> </tr> </table>						Name (Print/Type)	Mitchell Bernstein, Ph.D.	Registration No. (Attorney/Agent)	46,550	Telephone	(212) 527-7708	Signature			Date	November 20, 2003																																																																																																																																																																																			
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